



NEWSLETTER

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*Happy New Year!
Wishing YOU the Very Best
in 2015!*

Hi Everyone,

Now that the holidays are drawing to a close, I'm turning my attention to the coming year, my reflexology practice, a new website, and particularly the Hand Reflexology course that I teach. It's exciting to look forward and think about what you want to accomplish. I bet you're doing the same!

It's discouraging to see the news around the world, but very encouraging to be part of a profession that cares and works hard to bring peace and comfort to our clients. It reminds me that the world is also full of good people and how happy I am to be one of them, along with each and every one of YOU!

Nancy

Did You Know??

We work our fingers by remote control! The fingers are special, because there are no muscles inside the fingers. The muscles which bend the finger joints are located in the palm and up in the mid forearm and are connected to the finger bones by tendons, which pull on and move the fingers like the strings of a marionette.

Hand Reflexology: Cranial and Cervical Effects

Marilyn Alling NBCR – April, 2009

Although reflexology is most associated with the feet, hand reflexology is receiving its own notoriety within the profession. My original intent in this report was to focus on the differences of hand and foot reflexology, but as I worked with my clients over the course of the last couple of months I have discovered that they have a very complementary relationship rather than opposing characteristics. Perhaps my own mental resistance to hand reflexology interplayed as well, thinking that clients would not enjoy it as much or that it would infringe on their comfort zone.

I was very surprised at the dramatic response with several clients to hand reflexology at the onset of their sessions. One client almost immediately began to have a tingling sensation in her scalp and face which progressed down the entire right side of her body. She reported these same sensations in three consecutive sessions, wherein the same tingling sensation appeared on the left side of her body as well.

Another client described hand reflexology as producing a "cerebral response" in his body. He further described it as a "tonic for the mind" because of its ability to calm his thoughts so quickly. At the end of each session he described the effect as having his "emotional clock" reset, as if he felt emotionally neutral, which is similar to the response you hear often with foot reflexology as producing a more centered feeling. He found the hand reflexology to have more of an anesthetic effect and foot reflexology to be more soothing, in terms of the physiologic results.

Due to these responses I set out to research why hand reflexology seems to produce such rapid and dramatic results to the client's mental state, even in light of the fact that the hand reflexes are reported to be less sensitive than those of the feet. In most of the literature there is a concurrent agreement that hand reflexology is extremely effective in relieving conditions related to the brain and head, such as sinus and tension headaches as well as migraines. Tension headaches are often caused by stress which leads to a tightening of scalp and neck muscles.

One theory as to the effectiveness of hand reflexology for these types of cervicogenic headaches is that the fingers are longer than the toes; therefore there is a greater surface area in which to emphasize the reflex points for the head and neck. Another possibility is that, in reference to a dermatome map of the body, one will observe that the dermatomes relating to the cranial and cervical vertebrae are located in the shoulders, arms and hands. Does this confirm why hand reflexology might be more effective than foot reflexology in producing a more pronounced physiologic response of the brain and upper torso?

What I have personally observed with my clients is that hand reflexology is extremely effective in "prepping" the mind into a deep state of mental relaxation, therefore improving the receptivity of the body to foot reflexology. I believe that offering both hand and foot reflexology to a client provides the opportunity for achieving optimal results.

Meridians of the Hands

In Chinese medicine, the channels that conduct energy throughout the body are called meridians. They form a network that if disrupted will cause the body to not function properly. Clearing the meridians will bring the body into balance, letting energy flow freely. There are 14 major systems within the body which regulate the body's ability to heal. Of these 14 meridians, 6 (yang) run directly through the hands as follows:

Lung - Thumb, (Index finger side)

Colon/Large Intestine - Index Finger (thumb side)

Heart Constrictor - Middle Finger (Index side)

Triple Burner – Ring Finger (Little finger side)

The Triple Burner Meridian is not represented by a physical organ. It is defined by its function. Its purpose is to circulate a water-type of energy throughout the other organs. This channel begins at the tips of the ring fingers and goes over the shoulders to the chest cavity. Here it splits as one branch goes down to the middle and lower sections of the body while the other branch goes to the ear and then circles the face, where it meets the Gall Bladder Meridian. Blockage in the Triple Burner Meridian often manifests itself as a stiff neck or water retention.

Small Intestine - Little Finger (outside)

Heart - Little Finger (ring finger side)

The technique for stimulating meridian points is to use one finger or thumb, apply pressure directly to the meridian spot illustrated below, push down in a gentle circular motion, clockwise for about 6 rotations, and then repeat counter-clockwise.

Often “something” can be felt under the point. Keep gently working the meridian point until you can feel it disappear. It’s an indication of blockages in the energy pathway that need to be dispersed. Do the meridian stimulating technique to each point for about 15 to 30 seconds. (Each Hand)



Check out: www.practitionersjourney.com **NOTE: These tips will work on “clients” too!**

“What are your most successful tips for closing the appointment on time with verbose patients?”

For those of you with “talk-heavy” consultative practices, a talkative client (or a series of them) can either throw a busy schedule completely off-kilter, or turn a not-so-busy schedule into a day of chatter that you don’t get properly paid for. Here’s our strategy for reigning in the chatty ones without being rude.

1. Use a Clock. You really can’t be on time if you don’t know what time it *is*. Same goes for your clients.

That may seem obvious, but it’s amazing how many practitioners don’t have a clock in their office. A watch can work, but it can be hard to glance at your watch in some situations—a clock may work better. Better yet, try two—one that you can see, and one that your patients can see, too.

2. Take Responsibility

Practitioners with real chops for managing time will tell you that an appointment isn’t just a meandering conversation. *It’s a guided, structured interaction.* And the guide is *you*, not the client.

An appointment that ends right on time isn’t luck. It’s not because of a cooperative client, or the ability to simply shut someone down mid-sentence and say, “Your time is up.” Appointments finish on time because the practitioner controls the appointment, not the client.

If your appointments run consistently late, you need to accept that it’s within *your* control to change that.

3. Lead The Interaction

It may be your job to guide the appointment to a timely finish, but talkative clients can be very persistent. 😊 Here are a few tips to taking control of the appointment flow:

- **Re-state the time frame.** Chatty clients tend to forget how much time is available. You can gently remind them up front by saying, “We only have until 2:30, so we should get right to it.”
 - **Don’t ask “How are you?” with verbose patients.** Stick to more closed questions that are specific to your patient’s complaint. Instead of “How are you?” try, “How are your headaches?”
- Don’t ask open-ended questions after the halfway mark.** With verbose patients, you’ll need to start closing sooner. Don’t open up a whole new topic, or ask for more information after the midpoint. **The first half is for them, the second half is for you** – you need time to diagnose, treat, create a plan, explain, etc.

Holistic Health and the Trans* Experience

As integrative health practitioners, we owe all our clients the opportunity to expect a respectful, safe environment for their session.

I belong to the *R.I. Holistic Healing Association*. In our September, 2014 meeting, we were addressed by a transgendered young man. He had a lot to share, but specifically addressed how we, as practitioners, could provide a welcoming practice for transgendered people. For much more information, visit www.transwhat.org.

There is no single story about being transgender that sums it all up, much like there's no one story about being Hispanic or blonde or short or straight that sums that experience up. As with homosexuality, many have tried to change a trans person's identity using reparative therapy, however, being transgender is not a condition that can be removed, only repressed.

Why Learn About the Trans* Experience:

- Trans* folks at all stages in their transition face challenges within the health care system, such as finding practitioners who will support their needs and possess the knowledge it takes to give appropriate care. Many avoid seeing practitioners due to these challenges.
- Educated Practitioners are needed to help create a culture of normality for these clients.
- Learning to understand people as their authentic selves gives all clients the power to define who they are and what they need.

Trans-inclusive Language:

- Being mindful of your language is the most powerful indicator that your practice is trans-inclusive.
- Ask your client what their preferred gender pronoun is, possibly on an intake form; ie, Gender: _ M _ F.
- The word "transgender" is not a gender in itself. Those who transition female-to-male are men, and those who transition male-to-female are women. Unless the client states otherwise, refer to them as their 'self-defined' gender by default.

Some Good Questions to Ask:

- How would you like me to refer to you?
- Is there anything you specifically need from me?
- What are your boundaries? (Very relevant in energy and bodywork)
- If you're comfortable, would you mind telling me a little bit about your experience?

I don't know about you, but I usually base my actions and decisions on my own life and experiences. I've found out, particularly since becoming a reflexology practitioner, that there are many, many life experiences in this world that are nothing like mine. At the same time, I know that Reflexology helps us wherever we are in our life experience and so I can say "Welcome, I'm confident that reflexology will be helpful for you."

The holidays are behind us, and we're all sugared out, with myriads of candies, cookies and all things sweet, but what about something a little special (and very easy) to welcome the New Year!



Easy/Delicious Egg Muffins

Instructions:

Preheat oven at 350 Deg. F

Beat 6 Eggs with 1/4 cup of milk and a little salt/pepper to taste (Depending on how many vegies/meat you add—makes 8-12 muffins)

Lightly grease muffin tin, or use paper liners

Add vegetables of your choice: Chopped tomatoes, peppers, onions, spinach, cheese, meats such as chicken, cooked crumbled bacon, ham, or whatever else appeals to you.

Pour beaten egg mixture on it.

Place muffin pan on the center rack of the oven

Bake for 20-25 minutes or until a knife inserted in the center comes out clean

Let muffins cool for a few minutes before removing from the muffin pan. Loosen gently with knife if they seem to be sticking. Eat immediately or let cool completely and store in your refrigerator or freezer. They can be reheated in the microwave. Enjoy!

Nancy Bartlett, NBCR

P.S.—The National Center for Complementary and Alternative Medicine" is changing to its name to the "National Center for Complementary and Integrative Health".

<http://www.nih.gov/news/health/dec2014/nccih-17.htm>

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